| 2-02-05 | PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of additional control of the co			OIPE		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
DELPHI TECHN M/C 480-410-202 PO BOX 5052 TROY, MI 48007	PATER	C n 1 2005	ויט	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
	12958186	509		Sus	34 6 515	ha	(Depositor's name) (Signature)		
	,						<u>/)-</u>	-1-05 (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		R	ATTORNEY DOCKE	T NO.	CONFIRMATION NO.	
10/647,946 08/26/2003			Jerral A. Long			DP-306246		4586	
TITLE OF INVENTION: C	OVER-DWELL PROTECTION	ON CIRCUIT FOR	AN AUTOM	OTIVE IC	INITION CONTRO	L SYSTEM	2		
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE		TOTAL FEE(S) DI	JE	DATE DUE	
nonprovisional	NO	\$1400			\$300	·\$1700		12/16/2005	
EXAMINER		ART UNIT		CLAS	S-SUBCLAS S]			
GIMIE, MAHMOUD		3747		12	23-609000				
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Stefan V. Chmielewski						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or t	ype)				
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will apport	ear on the for filing a	n assionment	nee is identified below /2005 BABRAHA2 O			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (1 EC-1501 1400 00 DO									
DELPHI TECI	T	TROY, MICHIGAN 3 FC: 8001 6.00 DA							
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	atent):	Individual 🕀 c	orporation or other pri	ivate grou	ip entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of						
				☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # o		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 5008 (enclose an extra copy of this form).							
			Deposit Acco	ount Numb	er 30083	(enclose an	extra cor	py of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.				LL ENTITY status. S			
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Authorized Signature \(\square	when	Date 12-1-05							
Typed or printed name _	Susan 6	1. Sha	<u>~</u>		Registration	No			
This collection of information an application. Confidential	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C.	11. The informatio 122 and 37 CFR	n is required to 1.14. This col	to obtain or lection is e	retain a benefit by stimated to take 12	the public which is to minutes to complete,	file (and l	by the USPTO to process) gathering, preparing, and	

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